

Application for Exclusion from Filing Stockbroker Position Statement

Company name:		Dealer file number	Dealer file number:	
Address:				
City:		State: ZI	IP:	
	•	stockbroker position statements under the provision ne 30th of each year. Please indicate below the state	` /:	
1.	Sells limited pa for customers.	partnerships or direct private placements, and does not hold securities on account s.		
2.	Registered inve	nvestment advisor and does not hold securities on account for customers.		
3.	Sells securities or an agent.	ies or annuities but does not hold securities on account for customers through itself		
4.	An introducing	cing dealer who is fully disclosed.		
	Clearing firm's	i's name:		
	Address:	P	hone:	
	City:	State:	ZIP:	
	Contact person	:		
5.	Other:			
I certify that the information entered on this application, including attached statements, has been examined by me and is, to the best of my knowledge and belief, correct and complete.				
Company represe	ntative signature:			
Title:		Date:		
	Mail to:	STOCKBROKER ENFORCEMENT UNIT ENFORCEMENT OPERATIONS		

FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE ST BLDG G TALLAHASSEE FL 32399-0100